

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>3/10/65</u>		2 Serial/Patent # <u>10/324216</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">Filing <u>Fee Change</u></td> <td style="width: 15%; padding: 5px;">4 PAPER NUMBER</td> <td style="width: 15%; padding: 5px;">5 DATE FILED</td> <td style="width: 10%; padding: 5px;">6 AMOUNT</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Amendment</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Extension of Time</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Notice of Appeal/Appeal</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Petition</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Issue</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Cert of Correction/Terminal Disc.</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Maintenance</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Assignment</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Other</td> <td></td> <td></td> <td style="text-align: center;">\$</td> </tr> </table>	<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	<input type="checkbox"/>	Amendment			\$	<input type="checkbox"/>	Extension of Time			\$	<input type="checkbox"/>	Notice of Appeal/Appeal			\$	<input type="checkbox"/>	Petition			\$	<input type="checkbox"/>	Issue			\$	<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	<input type="checkbox"/>	Maintenance			\$	<input type="checkbox"/>	Assignment			\$	<input type="checkbox"/>	Other			\$	7 TOTAL AMOUNT OF REFUND <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$ <u>100.00</u></div>		
<input checked="" type="checkbox"/>	Filing <u>Fee Change</u>	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT																																																	
<input type="checkbox"/>	Amendment			\$																																																	
<input type="checkbox"/>	Extension of Time			\$																																																	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$																																																	
<input type="checkbox"/>	Petition			\$																																																	
<input type="checkbox"/>	Issue			\$																																																	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$																																																	
<input type="checkbox"/>	Maintenance			\$																																																	
<input type="checkbox"/>	Assignment			\$																																																	
<input type="checkbox"/>	Other			\$																																																	
10 REASON: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/></td> <td style="padding: 5px;">Overpayment</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">Duplicate Payment</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="padding: 5px;">No Fee Due (Explanation):</td> </tr> </table>		<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	No Fee Due (Explanation):	8 TO BE REFUNDED BY: <u>CC</u> <div style="border: 1px solid black; padding: 5px; display: inline-block;">Treasury Check</div> Credit Deposit A/C #: 9 <div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; text-align: center;">--</div>																																													
<input checked="" type="checkbox"/>	Overpayment																																																				
<input type="checkbox"/>	Duplicate Payment																																																				
<input type="checkbox"/>	No Fee Due (Explanation):																																																				
11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME: <u>Rita White</u>		TITLE: <u>Legal Assistant</u>																																																			
SIGNATURE: <u>Rita White</u>		PHONE: <u>7/308-9140 ext. 231</u>																																																			
OFFICE: <u>DO/EO</u>																																																					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: _____		DATE: _____																																																			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: